U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	· (MAR 12006_)
E	OFFOR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2576 0 Name and address of person filing.	2. Fiscal Year Covered From 1 / 2005 Through: 12 / 31 / 2005
Name and address of person filing.	1 / 1 / 2005 Through: 12 / 31 / 2003
3. Name and address of person filing.	
	Name, file number, and adcress of labor organization.
Name Richard L. Capon:	Name AFSCME Council 13
	Labor Organization File Number 071-060
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 116 Boulevard of the Allies	Street 4031 Fxecutive Park Drive
City Pittsburgh	City Harrisburg
State PA ZIP 2ode +4 1.5.2.2.2	State PA ZIP Code + 4 17111-15
5. Position in labor organization. Director	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Harvard Law School Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. Three nights lodging and meals (Jerry Wurf Fund)
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 125 Mt. Auburn Street - 3rd Fl.	
City Cambridge	\$984.72
State MA ZIP Code +4 02138	
Sig	inature
	of Perjury and other applicable penalties of the law, that all of the information hying documents), has been exemined by the signatory and is, to the best of the section on penalties in the instructions.) On 3/23/06 Date Telephone Number